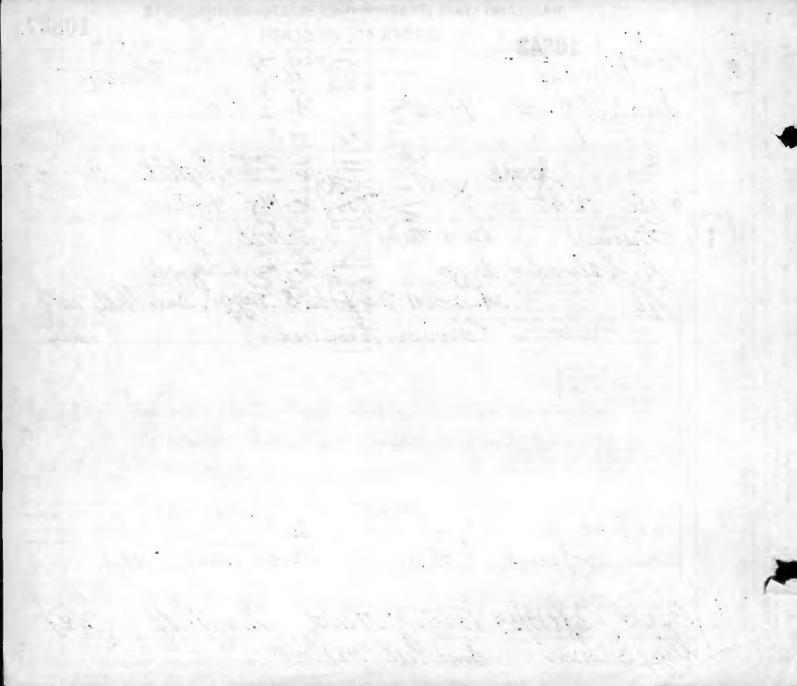
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death

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22d. LOCATION (City, town, or county)

24b. REGISTRAR'S SIGNATURE

arthur & Kroun

24a, REC'D BY REGISTRAR

(Slate)

22c. NAME OF CEMETERY OR CREMATORY

**ADDRESS** 

director, filed with filed funeral 2 should 54 2. completely on papers. death. by shauld 9 0 VS ATS (4) 15M 9/55

a. COUNTY

NAME OF

5. SEX

(Type or print)

alive on.

ACTUAL

PHYSICIAN'S NAME (Type)

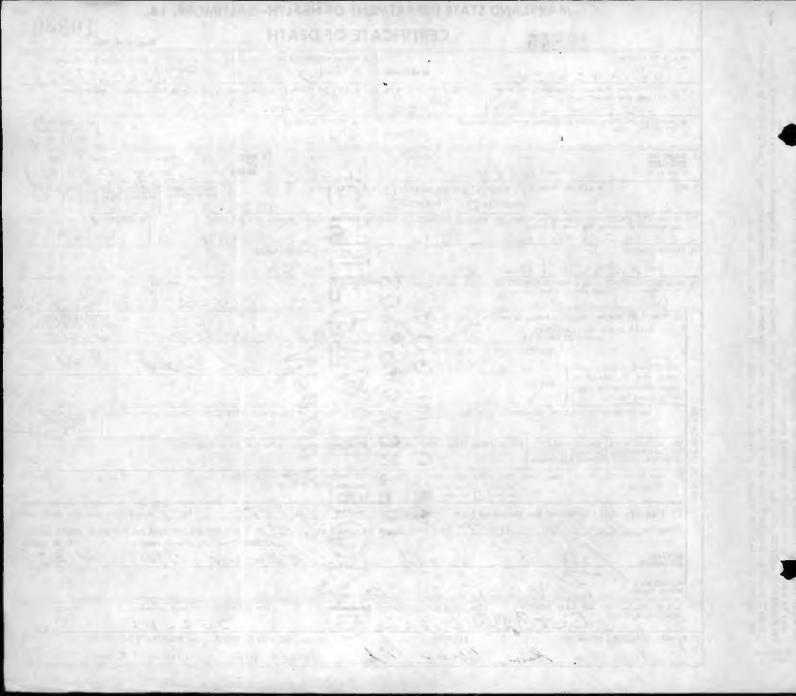
REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

0

220. BURIAL, CREMATION, 226, DATE THEREOF





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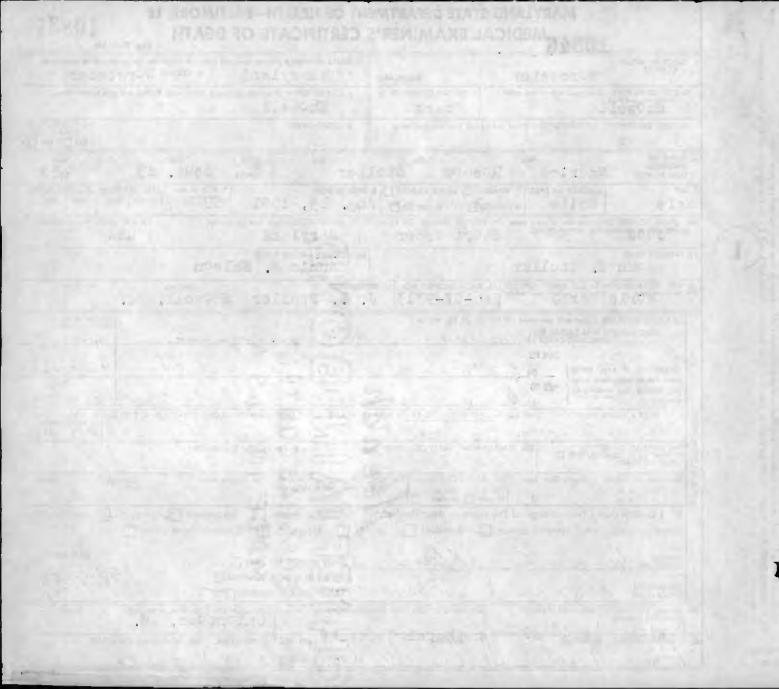
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE	, 18
10846 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	R

10831

Reg. Dist. No.

I. PLACE OF DEATH	Worceste	er	MARYLAND		larylar	deceased lived. I		Word			issian)
b. CITY OR TOWN and Sive reported to	(If outside corporate limits, with	RURAL	ELLENGTH OF STAY IN 16		TOWN (If gunic	de corporate limit	, write R	URAL and	give n	sarest to	wn)
d. NAME OF HOSP	ITAL OR INSTITUTION (	lf not in hospit	iol, give street address)	d. STREET	ADDRESS					ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Maurice		scoe stu	ller	0	ATE EATH 501	Month	13	Day		959
5. SEX Male	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED DIVORCED	Aug. 15	, 1891	9. AGE (In	years by) yrs.	Months (	TYEAR Days	Hours	ER 24 HRS. Min.
10a. USUAL OCCUPA	TION (Give kind of wark ( king life, even if retired)	dane 10b. KIN Sh C	ort order		Valand	reign country]		12. CITI		WHAT	COUNTRY
13. FATHER'S NAME John	S. Stulle	er			MAIDEN NAME	Nelson					
15. WAS DECEASED E	VER IN U. S. ARMED FOR	RCES? 16. 50 terrica) 216	A- A	NFORMANT	tuller	-	ddress	Md.			
	ATH (Enter only one cau ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) DUE TO any, which ) (b)	Mrs. 1	(o). (b). and (c).)	al Her	norra	age s	el el		ONSE	VAL BETWEE	ATH .
gave rise to imm (a), stating the cause last.	ediate cause underlying BIFE TO (c).	and DITIONS CON	TRIBUTING TO DEATH BUT I	NOT RELATED TO	THE TERMINALD	HISEASE CONDITION	on GIVE	N IN PART	1(0) 19	. WAS	AUTOPSY PRMED?
PART II. O	AUSÉ WAS 200 200 100 100 100 100 100 100 100 100	b. DESCRIBE H	OW INJURY OCCURRED. (I	Clark inter nature of in	local fact I ar I	Part II of item 18.	yr	154	) Y	ES 🗍	NO []
20c, TIME OF INJ		While	URY OCCURRED 20e. PLA Not while fact	CE OF INJURY (Fory, street, affice	lome, form, 201 bidg., etc.)	f. (City or town)		(Cau	nty)		(State)
deoth resulte			Accident . Sui	cide [], H		Undetermi	tall.		Second .	DATE S	find tha
EXAMINER'S NAME (Type) 22a. BURIAL, CREMATI REMOVAL (Specif	HERNA P	F 22	C. NAME OF CEMETERY OR	1	MEDICAL EXAMI	LOCATION (City,	lawn, ar	county)	//	(State	1.
Burial 23. FUNERAL DIRECTO	9/16/50	Le	llywelle	Nebely No.	24a, REC'D BY R	niontow registrar 246 7 '59	. REGIST	RAR'S SIG		E	

VS. A15ME(5) 5M 9/55



## FOR STATE HEALTH DEPT.

sory, please ttar. Page your files. of Health, TO DEPUTY MED AL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is a execute the control of the word "pending" in pendit in Item 18. Give Pages 1, 2, and 3 in the funeral 4 should be fall and the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained the yr TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or remayal, and is any event within 72 hours after death.

VS. AISME BM 2/57

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10832

10847	Reg, Dist. No.
1. PLACE OF DEATH O. COUNTY  O DEETLE MARYLAND	2. USUAL RESIDENCE Where deceased lived. If institution: Residence before admission)  o. STATE  b. COUNTY
b. CHY OR TOWN III outside corporate limits, write RURAL C. LENGTH OF STAY IN 16	c. CITY OR TOWN (Appetside sapporate limits, write RURAL and give nearest town)
I bean literal week	Maca coro 44 x
d. NAME OF HOSPITAL OR INSTITUTION (II not in hospitot, give street oddress)	d. STREET ADDRESS  Morror  TES   NO
3. NAME OF DECEASED (Type or print) A fact Working	Last 4. DATE Month Day Year OF DEATH 9 27 1957
5. SEX 7 6. COLOR OR BACE 7. MARRIED THEY RARRIED TO 8. WIDOWED DIVORCED TO	PLAN 2 Sth 1885 THE Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of wark done) 100 KIND OF BUSINESS OR INDUST Journa most of working life, even if retired)	11. BIPTHPLACE Store or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S, NAME	14. MOTHER'S MAIDEN NAME Sarah Rome
15. WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. IN [19a, no. or anknows] (If you, give wor at dates of service) 227-07-1420	A Style Willes In Style of the
18. CAUSE OF DEATH [Enter only one couse per line for (6), (b), and (of )	INTERVAL BETWEEN OSSET AND GRAIN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Control  DUE TO	ery Obstruction Suddenda
Conditions, if any, which) (6)	
gave rise to immediate couse (a), stoting the underlying cause tast. (c)	orsem
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED?  YES A NO
CAUSE OF DEATH.	ther nature of injury in Part I or Part II of item 18.)
20c, TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 20e, PAGE 19 While Not white facts at work at work	CE OF INJURY (Home, form, ory, street, affice bldg., etc.) (City or lown) (Caunty) (State)
21. I certify that I took charge of the remains described about	ve, held on Autopsy , Inspection . Inquiry . and in my
opinion death resulted fram: Notural causes . Accident [	aged Good Committee Commit
SIGNATURE COALITING DA	_M.D. CHIEF MEDICAL EXAMINER [
EXAMINER'S NAME (Type) / F. Saxtorius	ASSISTANT MEDICAL EXAMINER   9/28/59
270. Burial CREMATION. 726. DATE THEREOF REMOVAL (Specify) Burial 930 57 Red Men	CEMATORY (22d. LOCATION (City, Jown, or county) (5/0)
23. FUNDRAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE CARLING A Thomas

